

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/803095

FILING DATE

2/16/06 CLAIMS

AS FILED	AFTER		AFTER		* IND.	* DEP.	* IND.	* DEP.
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.	IND.	DEP.
1		1			51			
2					52			
3			1		53			
4					54			
5					55			
6		1			56			
7			1		57			
8				1	58			
9					59			
10		1			60			
11		1			61			
12					62			
13					63			
14			1		64			
15					65			
16					66			
17			1		67			
18				1	68			
19					69			
20					70			
21					71			
22					72			
23					73			
24					74			
25					75			
26					76			
27					77			
28					78			
29					79			
30					80			
31					81			
32					82			
33					83			
34					84			
35					85			
36					86			
37					87			
38					88			
39					89			
40					90			
41					91			
42					92			
43					93			
44					94			
45					95			
46					96			
47					97			
48					98			
49					99			
50					100			
TOTAL IND.		4			TOTAL IND.			
TOTAL DEP.		9			TOTAL DEP.			
TOTAL CLAIMS		13			TOTAL CLAIMS			